

To: Regional Clerk and Members of Regional Council, Region of Waterloo

Please accept the attached document as my formal written submission concerning By-law 25-021 (100 Victoria Street North Site-Specific By-law).

This submission is provided to reflect on the sequence, community impacts, and public concerns arising from the Region's approach to the encampment site and the proposed amendments to By-law 25-021.

For several years, the Region did not provide adequate housing, safety, or meaningful alternatives for individuals living outside at this site. The consequences of delay were borne not by elected leaders, senior staff, or enforcement actors, but by individuals and communities directly affected by this inaction.

During this period, mutual aid groups, harm reduction workers, and community members engaged in sustained efforts to mitigate harm. These efforts included food redistribution, medical and overdose response, de-escalation, welfare checks, and ongoing human presence. These actions were undertaken voluntarily, without compensation, and in response to immediate and observable needs.

Rather than engaging collaboratively with this community, the Region adopted an enforcement-first approach. This included litigation, which ultimately did not address the underlying crisis and resulted in public expense. Following the Region's loss in court, policy reconsideration appears to have led to the current proposed amendments.

The sequence of events is material and important to recognize. Community-led care did not generate disorder; it arose in response to a prolonged gap in institutional action. Evidence submitted in court demonstrates that mutual aid and harm-reduction activity reduced risk and mitigated harm at the site. Subsequent characterizations of these efforts as disruptive or unsafe misrepresent their function and effect.

The Region's approach has also created broader community impacts. It contributed to polarization among residents, framed unhoused individuals as symbols rather than community members, and further eroded public trust in governance. The treatment of mutual aid as a threat rather than a stabilizing force has intensified division and discouraged cooperation at a time when coordination was most needed.

As amendments to By-law 25-021 are now under consideration, ***specifically concerning transition protocols and the definition of resident access***, it is essential that regulatory language not criminalize or indirectly suppress mutual aid, food redistribution, harm reduction, or community presence. Policies that restrict access or treat care as "interference" risk further isolating vulnerable individuals and undermining public safety objectives.

From a public health perspective, those who supported wellbeing at the site functioned as de facto emergency responders during a period of institutional delay. Their actions reduced harm through trust, aid, and presence rather than coercion. These capacities align with recognized principles of community stabilization and de-radicalization, particularly in contexts of social strain and institutional mistrust.

Any future policy framework must accurately reflect this record. Those who provided care did so because systems failed to act. Recognizing that reality is imperative to rebuilding trust and avoiding further harm. Measures that punish or marginalize those who protected life would compound, rather than correct, the failures that led to this situation.

I respectfully request that this correspondence be circulated to members of Regional Council and included in the public record for consideration as part of the current review of the proposed amendments.